

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		X			
2	1	1				
3	1	1		1		
4	3			2		
5	3			1		
6	3		X			
7	3			1		
8	3			1		
9	2			1		
10	3			1		
11	1			1		
12	1			1		
13	1		X			
14	1			1		
15	1		X			
16	1			1		
17	1			1		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	28	←	13	←		
TOTAL CLAIMS	29		14			